

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

28811

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph,(No. St. Joseph's Hospital)

File No.

Registered No. 914

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Laura Elizabeth Dine,

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward. Stanberry, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. 7

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married,

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFJohn C. Dine,

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 7, 1874

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.5957

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeping,

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home,

## 10. Date deceased last worked at this occupation, (month and year)

Sept. 1933.

## 11. Total time (years) spent in this occupation

37

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Gentry county, Missouri,

## 13. NAME

William T. Kennedy,

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown, Missouri,

## 15. MAIDEN NAME

Mary Osborn,

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown, Missouri,

## 17. INFORMANT (ADDRESS)

John C. Dine Stanberry, Missouri,

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Stanberry, Mo. DATE Sept. 17, 1933

## 19. UNDERTAKER (ADDRESS)

Heaton-Bigelow-Bauman 319 So. 10th St. Funeral Home

## 20. FILED

9-15-1933 John R. Bender Registrar

## 2. MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Sept 14, 1933

## 22. I HEREBY CERTIFY That I attended deceased from

Sept 8, 1933, to Sept 14, 1933I last saw her alive on Sept 14, 1933. Death is saidto have occurred on the date stated above, at 1250 P.

The principal cause of death and related causes of importance were as follows:

Appendicitis - with abscess about Sept 1933121B 111A 121C

Other contributory causes of importance:

Emphysema pulmonaryName of operation Draughts Date of 9-9-33What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Paul J. Morgan M. D.(Address) St. Joseph, Mo

